

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

107042686

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52			1			
3							53				1		
4							54					1	
5							55						1
6							56						
7							57			1			
8							58				1		
9							59					1	
10							60						1
11							61						
12							62			1			
13							63				1		
14							64						
15							65						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.			3			
TOTAL DEP.			31				TOTAL DEP.			10			
TOTAL CLAIMS			33				TOTAL CLAIMS			13			